

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/04/2012	
NAME OF PROVIDER OR SUPPLIER LANDMARK NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN47150			
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F0000	<p>This visit was for the Investigation of Complaint IN00101523.</p> <p>Complaint IN00101523 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-157 and F-282.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: January 3 and 4, 2012</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Survey team: Dorothy Navetta, RN TC Gloria Reisert, MSW Donna Groan, RN Avona Connell, RN</p> <p>Census bed type: SNF/NF: 70 Residential: 29 Total: 99</p> <p>Census payor type: Medicare: 13 Medicaid: 44 Other: 42 Total: 99</p>			F0000	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, the response and plan of correction constitutes Landmark Nursing and Rehabilitation Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 01/20/2012

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F0157 SS=D	<p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 1/09/12 by Suzanne Williams, RN A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the</p>			F0157	F157 DI. The facility will continue to immediately inform the		01/20/2012

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	<p>facility failed to ensure the physician was notified of a significant weight loss, for 1 of 4 residents reviewed for weight in a sample of 6 residents. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's clinical record was reviewed on 01/03/12 at 10:55 a.m. The resident had diagnoses including but not limited to: congestive heart failure, neurogenic bladder, acute renal failure, and status post pacemaker removal.</p> <p>Review of the Dietary Progress Notes, dated 12/27/11, indicated "weekly weight. (re/wt. [reweight] today 12/27 = 193.2#) = [down arrow] 5.4% severe wt. loss in < 1 wk (less than one week)...."</p> <p>"Diet liberalized to regular per order 12/22/11. He is on 120 mg. (milligram) Lasix (diuretic) every morning. He states he eats what he wants and would rather smoke than eat...Recommend 1. Consider Remeron (antidepressant/appetite stimulant) 2. Beneproten 2 packets bid (twice daily)." Documentation was lacking that the physician had been notified.</p> <p>In interview with the Registered Dietician (RD) and Assistant Director of Nursing on 01/03/12 at 2:00 p.m., both indicated</p>		<p>resident/responsible party and consult with the resident's physician when there is a significant change in the resident's physical status that may require an alteration in treatment. Resident C's physician was notified of significant weight loss and RD recommendations. II. All residents' weights were reviewed. All RD recommendations were reviewed. All residents' physicians were made aware of significant weight losses and RD recommendations.III. The Nutrition Management policy was reviewed and found to be appropriate by QA Committee. Nursing staff, Nursing Administration and Dietary Manager will be reeducated on policy. Nutrition at Risk Committee will review weights and RD recommendations weekly during Nutrition at Risk meetings and assure that proper physician notification is made and documented in the appropriate clinical record.IV. The Nutrition at Risk Committee will report to QA Committee weekly for four weeks, monthly for two months and quarterly thereafter.V. Date of Completion: January 20, 2012</p>		

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F0242 SS=D	<p>the physician had not been made aware of the severe weight loss or the recommendations of the RD.</p> <p>Review of the Nutrition Management for Unintended Weight Loss policy, provided by the facility on 1/3/12 at 11:00 a.m., indicated under #6. "Report significant weight loss to Physician, family/caregiver and Resident. Implement interventions and orders if recommended."</p> <p>On 1/4/2012 at 11:40 a.m., in an interview with the Director of Nursing, she indicated the physician indicated to the Administrator that he reviewed the consult from RD and that he did not want to proceed with the medication because of the side effects and the resident's wound was healing. He also indicated he has 14 days to come in and document.</p> <p>This federal tag relates to Complaint IN00101523.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p>						

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	<p>Based on record review and interview, the facility failed to ensure the resident's food preferences were honored, for 1 of 6 residents whose dietary needs were reviewed in the sample of 6. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 1/3/2012 at 10 a.m. The resident's diagnoses included, but were not limited to, type II diabetes, morbid obesity and renal failure. Signed Physician Orders for December 2011 included, but were not limited to, the following: "Mech (mechanical) soft, NCS (no concentrated sweets)."</p> <p>On 1/3/2012 at 10:30 a.m., in interview with Resident E, the resident indicated the only problem with dietary was the resident had told them of a dislike for beets and has been served beets on 4 occasions since admission on 12/16/11.</p> <p>Review of the resident's "Dietary Notes," "Likes and Dislikes" lacked any reference to beets.</p> <p>Review of the Resident Assessment Minimum Data Set (MDS) dated 12/23/11, included, but was not limited to: Mechanically altered diet and therapeutic diet. Cognitively intact.</p>			F0242	<p>F242 DI. The facility will continue to ensure the Resident's food preferences are honored. Resident E's diet card was updated with dislike for beets.II. All residents' dietary preferences were reviewed and diet cards updated to reflect dislikes.III. Nursing and dietary staff will be reeducated on Resident self-determination regarding menu items.IV. Dietary manager will review the provision of meals in accordance with residents' preferences randomly for 5 residents weekly for two weeks, monthly for two months and quarterly thereafter. Dietary manager will report to QA committee weekly for four weeks, monthly for two months and quarterly thereafter.V. Date of Completion: January 20, 2012</p>		01/20/2012

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F0282 SS=D	<p>On 1/4/12 at 9:30 a.m., the Administrator provided the dietary tray card for Resident E which included, but was not limited to "Thin liquids, Mechanical and Consistent Carbohydrates; "Dislikes" included "Beets."</p> <p>On 1/4/12 at 10:45 a.m., review of the Cycle 1 menus for 4 weeks, dated 2011 and provided on 1/3/2012 at 9:15 a.m., indicated beets were served on 2 occasions.</p> <p>On 1/4/12 at 11:05 a.m., the Registered Dietician Consultant, indicated the resident should not have received beets. They (staff) have a diligence not to send something a resident doesn't like. She indicated, at this time, the tray card was updated 1/3/12 to include beets as a dislike.</p> <p>3.1-3(b)(3)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician orders were followed for the use of glucagon for low blood sugar, for 1 of 4 diabetic residents reviewed in a sample of 6.</p>	F0282	<p>F282 DI. The facility will continue to ensure that the services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. Resident E's glucagon order was clarified.II. All residents with glucagon orders were identified and those orders</p>	01/20/2012	

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	<p>(Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 1/3/2012 at 10 a.m. The resident's diagnoses included, but were not limited to Type II diabetes, morbid obesity and renal failure.</p> <p>Signed Physician Orders for December 2011 included, but were not limited to, the following: "Notify MD if BS (Blood Sugar) < 60 or > 400. Glucagon Emg (Emergency) Kit inject 1 mg (milligram) sub q (subcutaneously) or IM (intramuscularly) as needed for BS < 60 and unresponsiveness."</p> <p>The December Medication Record of 2011 included, but was not limited to, the following: December 25, 2011 3 a.m. BS 47; 5 a.m. BS 27. Glucagon given, and 12 p.m. BS 64.</p> <p>The Blood Glucose Record for 12/16/11 included, but was not limited to: 12/25 3 a.m. 47 (blood sugar result), 5 a.m. 27, 4 a.m. up 106, 12 a.m. 64, and in writing "glucagon given, called [named] Nurse Practitioner."</p> <p>Nurses Notes included, but were not limited to, the following:</p>				<p>were reviewed for clarity. III. A policy for Physician's Orders was drafted and approved by QA committee. All nurses will be educated on policy.IV. The Director of Nursing or designee will review all new orders daily to identify new glucagon orders. The Director of nursing will review resident Medication Administration Records weekly for four weeks and monthly thereafter to assure glucagon is administered according to physician's orders. The Director of Nursing will report to QA committee weekly for four weeks, monthly for two months and quarterly thereafter.V. Date of Completion: January 20, 2012</p>		

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	<p>12/25/11</p> <p>"1 AM Resident stated she didn't feel well. Checked blood sugar 49, stated didn't want her injection of glucagen (sic) as order, gave OJ with P. (Peanut butter) J. (Jelly) sandwich able to chew and swallow just fine, skin pale w/d touch respirations non-labored, cont (continue to) monitor."</p> <p>"5 AM Check blood sugar 29; called family, daughter already on her way here, left message with MD. Resident A&O (Alert & Oriented) x 3 sleepy and resident allowed this nurse to give glucagen (sic) 1 mg SQ to abdomen; drank, OJ (orange juice) Skin pale w/d (warm dry) touch, resp (respirations) even and unlabored; cont. (continue) monitor."</p> <p>5:15 AM Re checked 92. A & O x 3, family at bedside."</p> <p>5:45 AM Rechecked blood sugar 133. No S/S (signs/symptoms) diabetic distress."</p> <p>On 1/3/2012 at 1:15 p.m., in interview with the Assistant Director of Nursing, she indicated she was not aware the resident was" alert and oriented at the time the Glucagon was given."</p> <p>On 1/4/2012 at 9:15 a.m., the Administrator provided a note which indicated there was no policy and procedure for following MD orders. The</p>						

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	facility follows the State Operations Policies. This federal deficiency relates to Complaint IN00101523. 3.1-35(g)(2)						

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F0356 SS=C	<p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the daily nurse staffing data was posted for 2 of 2 survey days. (January 3 and 4, 2012) This had the potential to affect all 99 residents residing in the facility and their visitors.</p> <p>Findings include:</p>			F0356	<p>F356I. The facility will continue to post Nurse Staffing Data, on a daily basis, to include Facility Name, current date, total number and actual hours worked by RN's, LPN's and CNA's. Nurse staffing information was posted.II. Nurse staffing information will be posted, daily.III. Medical Records was reeducated on expectation that</p>		01/20/2012

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	<p>On 1/3/2012 at 9:00 a.m., and 1/4/2012 at 8:30 a.m., information was not found concerning daily nursing staffing report. The daily posting should include the facility name, current date, total number and actual hours worked by licensed and unlicensed staff directly responsible for care per shift, and resident census. This is to be posted daily at beginning of every shift and be available to the public to view. This information was lacking throughout the day of 1/3/2012 and again this information was lacking the morning of 1/4/2012.</p> <p>On 1/4/2012 at 9:05 a.m., in an interview with the Director of Nursing, she indicated the daily staffing was posted in the staff lounge. Upon immediate observation, the daily staffing was not found in the staff lounge.</p> <p>On 1/4/2012 at 9:35 a.m., the Medical Records Director indicated she was responsible for placing the daily census and staffing sheets out for residents and visitors to view, and they are to be placed on the table next to the elevator. Upon observation the daily staffing and census was not found on the table next to the elevators.</p> <p>3.1-13(a)</p>				<p>nurse staffing will be posted daily in a conspicuous area.IV. The Administrator will visually inspect nurse staffing daily during walking rounds. Administrator will report to QA committee quarterly.V. Date of Completion: January 20, 2012</p>		

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F0371 SS=F	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on record review, observation and interview, the facility failed to ensure proper hand washing technique was following in the kitchen for 1 of 1 observation. This deficiency had the potential to effect 99 residents identified by the dietary manager as being served meals from the dietary department.</p> <p>Findings include:</p> <p>Upon entrance into the kitchen on 1/3/2012 at 12:25 p.m., after washing hands, it was observed there were no paper towels. At this time, the Dietary Manager indicated they were waiting for the delivery truck for supplies, and to use paper napkins to dry at this time.</p> <p>During observation on 1/3/2012 between 12:25 p.m. and 12:35 p.m., the following occurred: The Dietary Manager was observed with ungloved hands taking the garbage bag out of the container and picking up trash in the container, which was not in the plastic bag. The Dietary Manager took the plastic bag and placed it on top of the garbage can to be taken</p>			F0371	<p>F371 FI. The facility will continue to ensure proper hand washing techniques are used in the kitchen. Dietary Manager washed hands.II. All residents were reviewed for signs or symptoms of infection related to improper handwashing with none identified.III. All dietary staff, including but not limited to Dietary Manager, will be reeducated on proper handwashing.IV. Administrator or designee will inspect dietary handwashing daily for two weeks, weekly for two months and quarterly thereafter. Administrator will report to QA Committee weekly for four weeks, monthly for two months and quarterly thereafter.V. Date of Completion: January 20, 2012</p>		01/20/2012

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	<p>outside. She then took soiled pans to the dishwasher. At this time, she touched her hair net. She took sanitizer, and using a wash cloth, began to wash the prep table where a salad had been prepared. She took two saucers which were on the prep table to the dishwashing area. Not having washed her hands, the tray line was being observed. The server put a bowl of food on the tray which had the food running down the outside of the bowl. The Dietary Manager took the bowl off and wiped it. She handed it back to the Server. At this time, she was told her hands had not been washed. She immediately told the Server to remove the bowl and get a clean one.</p> <p>On 1/4/12 at 9:15 a.m., the Administrator provided the policy and procedure for all staff, which included but was not limited to: "Hand Washing Level of Responsibility: Objectives: 1. To prevent the spread of infection: Equipment Water soap towel; Procedure: Hand washing will be performed when coming on duty Before:...Handling food, Going off duty.; After ...Touching inanimate sources that are likely to be contaminated with virulent or epidemiological important microorganisms, such as multiple resident bacteria, MRSA (Methicillin Resistant Staphylococcus Aureus), etc.; 1. Remove</p>						

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OMB NO. 0938-0391

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	<p>watch, or push it up on forearm, and roll up sleeves. (If watch cannot be pushed up then remove and place in pocket to avoid contamination) 2. Turn on the water and adjust temperature. (the faucet needs to be turned on by hand use a clean paper towel). 3. Wet your hands and wrists. Apply soap. If you are using bar soap, rinse soap before using it. 4. Hold your hand lower than your elbows and work up lather. 5. Wash wrists grasping with hand and circling. 6. Wash palms and backs of hands., 7. Wash between your fingers. 8. Wash nails by rubbing against palms of hands. This loosens and removes dirt and germs. 9. Rinse your hands and wrists, keeping your wrists and hands below your elbows. 10. Dry your wrists and hands thoroughly. 11. Use a clean paper towel to turn off the faucet. 12. Discard towel."</p> <p>3.1-21(i)(3) 5-5.1(f)</p>						

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F0411 SS=D	<p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review and interview, the facility failed to ensure dental services were provided for a resident with a request to be seen by the dentist, for 1 of 1 resident requesting a dental referral in a sample of 6. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 1/3/2012 at 10 a.m. The resident's diagnoses included, but were not limited to, type II diabetes, morbid obesity and renal failure.</p> <p>On 1/3/2012 at 12:40 p.m., in interview with Resident E, the resident indicated the dentist was to see the resident on December 29, but did not.</p> <p>At 12:45 p.m., the Social Worker was</p>			F0411	<p>F411 DI. The facility will continue to assist Residents in obtaining routine dental care. Resident E was scheduled to see dentist and this was documented in the clinical record.II. All residents were reviewed for desire and/or need to see dentist. Referrals were made as appropriate, scheduled and documented.III. The policy for specialty referrals (including but not limited to dental referrals) was reviewed and approved by QA committee. All nurses and social service will be educated on policy.IV. The Director of Nursing or designee will review 24 hour report sheets daily to identify requested dental referrals and assure proper follow through. Director of Nursing will report to QA Committee weekly for four weeks, monthly for two months and quarterly thereafter.V. Date of Completion: January 20, 2012</p>		01/20/2012

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R0000	<p>asked to provide a list of residents seen by the dentist in December of 2011. At 1:05 p.m., the list for December 2011 was provided, which indicated 16 residents received a dental visit. Two of those had been added to the list after 12/1/2011, per the Social Worker. The list did not include Resident E.</p> <p>On 1/4/2012 at 9:10 a.m., in interview with Resident E, the resident indicated a nurse was told of the need to see the dentist, and the resident was told the dentist would be in on December 29 and would be seen then. The resident did not explain why she wanted to see the dentist. Documentation was lacking in the nurse's notes of the resident's request to be seen by the dentist and/or of the dentist being notified.</p> <p>3.1-24(a)(1) 3.1-24(a)(3)</p> <p>The following state residential finding is cited in accordance with 410 IAC 16.2-5.</p>			R0000	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan</p>		

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R0149	<p>(f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.</p> <p>Based on record review, interview and observation, the facility failed to ensure the dining area was free of gnats for 1 of 3 dining areas. This deficiency had the potential to affect 29 of 29 current residential residents being served in the dining area. (Residential Resident G)</p> <p>Findings include:</p> <p>On 1/3/2012 the following was observed:</p> <p>At 9:20 a.m., Residential Resident G indicated there were gnats in the residential dining room at mealtime.</p> <p>At 10:40 a.m., coming from the residential dining room, one gnat was observed in the air.</p>			R0149	<p>of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, the response and plan of correction constitutes Landmark Nursing and Rehabilitation Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.</p> <p>R 1491. The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. The sink in the Assisted Living Dining Room was cleaned.2. The Pest Control service inspected Assisted Living Dining Room to ensure no evidence of pests existed. 3. The housekeeping staff were re-educated to include daily cleaning of the Assisted Living Dining Room sink.4. Administrator or designee will inspect Assisted Living Dining Room sink daily for two weeks, weekly for two months and quarterly thereafter. Administrator will report to QA Committee weekly for four weeks, monthly for two months and quarterly thereafter.5. Date of Compliance; Friday, January 20, 2012</p>		01/20/2012

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	<p>At 12:15 p.m., in the residential dining room, three residents, including Residential Resident G, indicated "gnats were all over." A counter top with sink was observed. The stopper was taken out of the sink nearest the wall. There was a black substance with seeds coating the drain. A gnat was observed flying out of the drain, while one gnat crawled around the side of the drain, then another gnat flew out.</p> <p>At 12:33 p.m., in interview with the Maintenance Director, he indicated no gnats had been reported to him. He did not clean the sinks, but would get the cleaning schedule from housekeeping.'</p> <p>At 1:08 p.m., the Maintenance Director provided Service Reports dated 11/23/11 and 12/22/11 which indicated General Cleaning was done. A contract dated 5/19/11, provided at this time, indicated Pests covered under the contract included cockroaches, common ants, small flies, rodents, spiders, silverfish and millipedes. Special Instructions included, but was not limited to: "Treat and inspect entire facility on a monthly basis...installation of insect light traps and floor drain cleaning, log book for pest sightings to be reviewed by facility manager and application tech prior to each service. Any issues arising between</p>						

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	<p>regular monthly service will be covered at no additional cost."</p> <p>On 1/4/12 at 8:35 a.m., the Administrator indicated all 29 residential residents eat in the dining room.</p> <p>On 1/4/12 at 9:15 a.m., the Administrator provided a note which indicated there was no facility policy and procedure for Pest Control. The facility follows the State Operations Policies.</p>						